



CITY OF REDMOND EMPLOYMENT APPLICATION

15670 NE 85th Street • PO Box 97010 • Redmond, WA 98073-9710
Human Resources: (425) 556-2120 • FAX (425) 556-2129
Job line: (425) 556-2121 • TDD (425) 556-2909
<http://www.ci.redmond.wa.us>

The City of Redmond is an Equal Opportunity Employer

Title of position for which you are applying: _____

GENERAL INFORMATION

NAME _____
(Last) (First) (Middle)
ADDRESS _____ CITY _____ STATE _____ ZIP _____
TELEPHONE () _____ WORK () _____ E-MAIL _____

ARE YOU A CURRENT OR FORMER CITY OF REDMOND EMPLOYEE? ☐ YES ☐ NO

Position: _____ Dates From/To: _____

DO YOU HAVE A RELATIVE EMPLOYED BY THE CITY? ☐ YES ☐ NO

Relationship: _____ Department: _____

CAN YOU PROVE THAT YOU ARE LEGALLY ENTITLED TO WORK IN THE UNITED STATES? ☐ YES ☐ NO

Can you perform the essential functions of the job for which you are applying with or without reasonable accomodation?

☐ YES ☐ NO

OTHER THAN PARKING TICKETS, HAVE YOU BEEN CONVICTED OF ANY LAW VIOLATION WITHIN THE LAST 10 YEARS? (Conviction record may be subject to verification.) ☐ YES ☐ NO

IF YES, EXPLAIN BELOW. (A conviction record will not necessarily bar you from employment.)

Date	Charge	Sentence	Remarks

EDUCATION

HIGH SCHOOL	MAJOR	CREDIT HOURS	DEGREE RECEIVED

COLLEGE OR UNIVERSITY*	MAJOR	CREDIT HOURS	DEGREE RECEIVED

*PROOF OF PROGRAM ACCREDITATION AND DEGREE OBTAINED IS REQUIRED PRIOR TO HIRE.

LIST VOCATIONAL, ON-THE-JOB, OR OTHER APPLICABLE TRAINING.	HOURS/CREDITS

LICENSES/CERTIFICATIONS

VALID DRIVER'S LICENSE? YES ____ NO ____ STATE: _____ LICENSE NUMBER: _____

VALID COMMERCIAL DRIVER'S LICENSE? YES ____ NO ____ STATE: _____ LICENSE NUMBER: _____

LIST LICENSES OR CERTIFICATIONS THAT YOU HOLD WHICH RELATE TO THE POSITION FOR WHICH YOU ARE APPLYING.

TYPE OF LICENSE OR CERTIFICATION	ISSUING STATE	LICENSE NUMBER

EXPERIENCE

	YEARS EXPERIENCE	TYPE OF EQUIPMENT; SOFTWARE USED; OTHER DETAILS
PERSONAL COMPUTER:		
WORD PROCESSING	_____	(WPM = _____) _____
SPREADSHEET	_____	_____
DATABASE	_____	_____
DESKTOP PUBLISHING	_____	_____
CAD	_____	_____
OTHER	_____	_____
MAINTENANCE POSITIONS ONLY:		
BACKHOE	_____	_____
DUMP TRUCK	_____	_____
COMPRESSOR	_____	_____
ROTARY MOWER	_____	_____
EDGER, BLOWER	_____	_____
OTHER	_____	_____

WORK HISTORY

Begin with your present or most recent employment. Include self-employment, military service, volunteer experience and periods of unemployment. The following sections MUST be completed even if a resume is submitted. Attach additional sheets of paper if you require more space.

#1 TITLE: _____ FROM: _____ TO: _____ TOTAL MONTHS: _____
TYPE OF COMPANY: _____ FULL-TIME: _____ PART-TIME: _____
EMPLOYED BY: _____ PHONE NO.: _____
ADDRESS: _____
IF APPLICABLE, NUMBER OF EMPLOYEES SUPERVISED: _____
SUPERVISOR'S NAME/TITLE: _____
LAST SALARY: _____ MAY WE CONTACT THIS EMPLOYER? YES _____ NO _____
SCOPE OF JOB: _____

REASON FOR LEAVING: _____

#2 TITLE: _____ FROM: _____ TO: _____ TOTAL MONTHS: _____
TYPE OF COMPANY: _____ FULL-TIME: _____ PART-TIME: _____
EMPLOYED BY: _____ PHONE NO.: _____
ADDRESS: _____
IF APPLICABLE, NUMBER OF EMPLOYEES SUPERVISED: _____
SUPERVISOR'S NAME/TITLE: _____
LAST SALARY: _____ MAY WE CONTACT THIS EMPLOYER? YES _____ NO _____
SCOPE OF JOB: _____

REASON FOR LEAVING: _____

#3 TITLE: _____ FROM: _____ TO: _____ TOTAL MONTHS: _____
TYPE OF COMPANY: _____ FULL-TIME: _____ PART-TIME: _____
EMPLOYED BY: _____ PHONE NO.: _____
ADDRESS: _____
IF APPLICABLE, NUMBER OF EMPLOYEES SUPERVISED: _____
SUPERVISOR'S NAME/TITLE: _____
LAST SALARY: _____ MAY WE CONTACT THIS EMPLOYER? YES _____ NO _____
SCOPE OF JOB: _____

REASON FOR LEAVING: _____

WORK HISTORY

(continued)

#4 TITLE: _____ FROM: _____ TO: _____ TOTAL MONTHS: _____

TYPE OF COMPANY: _____ FULL-TIME: _____ PART-TIME: _____

EMPLOYED BY: _____ PHONE NO.: _____

ADDRESS: _____

IF APPLICABLE, NUMBER OF EMPLOYEES SUPERVISED: _____

SUPERVISOR'S NAME/TITLE: _____

LAST SALARY: _____ MAY WE CONTACT THIS EMPLOYER? YES _____ NO _____

SCOPE OF JOB: _____

REASON FOR LEAVING: _____

#5 TITLE: _____ FROM: _____ TO: _____ TOTAL MONTHS: _____

TYPE OF COMPANY: _____ FULL-TIME: _____ PART-TIME: _____

EMPLOYED BY: _____ PHONE NO.: _____

ADDRESS: _____

IF APPLICABLE, NUMBER OF EMPLOYEES SUPERVISED: _____

SUPERVISOR'S NAME/TITLE: _____

LAST SALARY: _____ MAY WE CONTACT THIS EMPLOYER? YES _____ NO _____

SCOPE OF JOB: _____

REASON FOR LEAVING: _____

AUTHORIZATION

I hereby certify that this application and any other materials and/or documents provided in this application process contain no willful misrepresentation and that the information given is true and complete to the best of my knowledge. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application may be rejected, my name may be removed from consideration, or if employed, I may be discharged from my employment.

I authorize my current or former employers and all schools or educational and technical institutions which I have attended to provide City of Redmond representatives any information regarding my current or former employment, scholastic records or ratings. I hereby release any such current or former employers or institutions, their agents or employees from any and all liability resulting from the release of such information. My authorization and release from liability are voluntary acts. This authorization shall be effective for employment investigations by the City of Redmond only.

Further, I understand that at time of hire I will be required to provide documentation showing authorization to work in the United States.

Signature of Applicant

Date

AFFIRMATIVE ACTION INFORMATION

In order to ensure equal employment opportunity, the City of Redmond requests your voluntary cooperation by indicating the following. Your answers will be treated as confidential and will not be considered part of your application.

NAME: _____

SEX: ☐ Male ☐ Female

AGE OVER 40: ☐ Yes ☐ No

ETHNIC GROUP: (Select only one racial/ethnic group.)

☐ African American

☐ Asian/Pacific Islander

☐ Caucasian (white, not hispanic origin)

☐ Hispanic

☐ Native American (Indian, Eskimo, etc.)

INDIVIDUAL WITH A DISABILITY: ☐ Yes ☐ No

VETERAN: ☐ Yes ☐ No

HOW DID YOU LEARN OF POSITION OPENING?

☐ Print Ad ☐ Internet ☐ Jobline ☐ Job Posting ☐ Other _____

DRIVING RECORD - to be completed with application

Name: _____
(Please Print) (Last, First, Middle Initial)

Date of Birth: _____ Social Security Number: _____

Driver's License Number: _____ State of Issue: _____

Other states in which you have held driver's licenses? _____

List any notices of infraction or traffic citations which you have received in the past 5 years.

State	Month/Year	Type of Infraction

If more space is needed, please attach additional sheets of paper.

Infractions or citations will not necessarily remove you from consideration, but the City will consider your driving record and insurability when making employment decisions.

The information provided above is true to the best of my knowledge. I understand that providing false information is cause for elimination in the selection process or dismissal from employment.

Signed: _____ Date: _____

City Driving Standards:

Applicants for positions in which the occupant is expected to operate a motor vehicle must be at least 18 years old and will be required to present a valid Washington State driver's license with any necessary endorsements. Driving records of applicants may be checked. Applicants will be disqualified under the following circumstances:

Violations More than two moving traffic violations within the preceding three years; or reckless driving violation within the preceding five years; or driving while intoxicated within the preceding five years.

Accidents More than one motor vehicle accident with the preceding three years for which the applicant received a traffic or criminal citation and was convicted, forfeited bail, or entered a plea of "guilty" or "nolo contendere."

Name (please print)

Date

VETERAN'S PREFERENCE

INFORMATION FORM

Under Washington State Law, Veteran's Preference may be claimed if you received a discharge under honorable conditions.

Do you claim Veteran's Preference? Yes ____ No ____

If "Yes", give the dates of service and attach a copy of your DD214.

From: _____
Month Day Year

To: _____
Month Day Year

Are you currently receiving any veteran's retirement payments? Yes ____ No ____

Have you ever used Veteran's Preference to obtain employment? Yes ____ No ____

If "Yes", which job(s): _____

Veteran's Preference Defined

Washington State law provides for Veteran's Preference status on competitive examination for public employment. Eligible applicants receive a percentage added to their final passing grade.

Eligibility Criteria:

1. For purposes of examination, a veteran is defined as a person who has served in active duty in any branch of the armed forces of the United States during a war or in a campaign or expedition for which a campaign badge has been authorized.
2. Veteran's preference status must be claimed within fifteen years of the date of release from active service.

Reference: RCW 41.04.005
RCW 41.04.010

- (1) In all competitive examinations, any veteran who submits the qualifying DD214 form, has honorably served in any branch of the armed forces, and did not serve during a period of war or in an armed conflict or is receiving military retirement shall have five (5) percent added to their final passing score. The percentage shall be added until the person's first appointment and shall not be utilized in promotional examinations.
- (2) In all competitive examinations, veterans, as defined in subsection (4) of this section and upon submission of their qualifying DD214 form, shall be given additional percentages by adding to the passing score, a percentage of such passing score under the following conditions:
 - (a) Ten (10) percent to a veteran who served during a period of war or in an armed conflict and does not receive military retirement. The percentage shall be added until the veteran's first appointment and shall not be utilized in promotional examinations.
 - (b) Five (5) percent to a veteran who was called from state employment to active military service for one or more years. The percentage shall be added to the first promotional examination only.
- (3) The provisions in subsection (1) and (2) must be claimed within fifteen (15) years of the date of release from active military service. This period may be extended by the director or designee for valid and extenuating reasons to include but not be limited to:
 - (a) Documented medical reasons beyond the control of the veteran;
 - (b) United States department of veterans' affairs documented disabled veteran; or
 - (c) Any veteran who has his or her employment terminated through no fault or action of his or her own and whose livelihood is adversely affected may seek employment consideration under this section.
- (4) The term veteran as used in subsection (2) of this section shall include any person who has served in any branch of the armed forces of the United States during:
 - (a) World War II;
 - (b) The Korean Conflict;
 - (c) The Viet Nam Era means:
 - (i) The period beginning on February 28, 1961, and ending on May 7, 1975, in the case of a veteran who served in the Republic of Vietnam during that period.
 - (ii) The period beginning August 5, 1964, and ending on May 7, 1975.
 - (d) The Persian Gulf War, beginning August 2, 1990 and ending on the date prescribed by presidential proclamation or law;
 - (e) The following armed conflicts, if the participant was awarded the respective campaign badge or medal: The crisis in Lebanon; the invasion of Grenada; Panama, Operation Just Cause; Somalia, Operation Restore Hope; Haiti, Operation Uphold Democracy; and Bosnia, Operation Joint Endeavor;
 - (f) The period beginning on the date of any future declaration of war by the congress and ending on the date prescribed by presidential proclamation or concurrent resolution of the congress; or
 - (g) Who has received the armed forces expeditionary medal, Marine Corps expeditionary medal, or Navy expeditionary medal, for opposed action on foreign soil.

Further, only persons who received an honorable discharge or who received a discharge for physical reasons with an honorable record or who were released from active duty under honorable circumstances shall be eligible for this veterans preference.

AUTOMATIC DISQUALIFIERS

The City of Redmond Police Department will automatically disqualify any individual who has at any time:

Been convicted of a felony (or pled nolo contendere to a felony charge) or any offense that would be a felony if committed in Washington State, or has been incarcerated for any crime.

Sold marijuana, narcotics or dangerous drugs.

Used (tried) illegally any narcotic or dangerous drug by injection.

Used illegally for any purpose marijuana within the past 2 years.

Used illegally any other dangerous drugs or narcotics (marijuana included) other than for experimentation within the past 7 years. The use of an illegal drug is presumed to be not for experimentation by the Redmond Police Department if:

1. The use of marijuana exceeds a total of 10 times or exceeds 5 times in the past 7 years.
2. The use of dangerous drugs or narcotics, other than marijuana, exceeds a total of 2 times in the past 7 years.

Been dishonorable discharged from the United States armed forces.

Had a pattern of abusing prescription medication.

Received more than two moving traffic violations within the preceding 3 years; or reckless driving violation within the preceding 5 years; or driving while license suspended within the preceding 5 years.

Been involved in more than one motor vehicle accident within the preceding 3 years for which the applicant received a traffic or criminal citation and was convicted, forfeited bail, or entered a plea of "guilty" or "nolo contendere".

Been previously employed as a law enforcement agent and since has committed or violated federal, state or city laws pertaining to criminal activity.

Committed any serious violation of Federal, State, City or County laws.

Lied during any stage of the hiring process.

Falsified his or her personal history questionnaire or application.

Been convicted of any crime under a domestic violence statute.

Unlawful sexual misconduct

DISCRETIONARY DISQUALIFIERS

The following disqualifiers may, upon review by the Redmond Police Department, make you ineligible to become a City of Redmond Police Officer:

Alcohol or substance misuse and/or abuse

Excessive traffic violations

Commission of a felony

Debts- A demonstrated unwillingness to honor fiscal contracts or just debts

Any other conduct or pattern of conduct that would tend to disrupt, diminish, or otherwise jeopardize public trust in the law enforcement profession.

An inability to perform the essential functions of a Police Officer

If you have questions regarding any of the disqualifiers, Training and Recruitment Officer Thom Conroy can be reached at 425-556-2530 or email tconroy@ci.redmond.wa.us.

Name (please print)

Date

REDMOND POLICE SUPPORT OFFICER

****SUPPLEMENTAL QUESTIONNAIRE****

Instructions: For each of the statements listed below, indicate if you are willing and able to perform in this manner or meet these job requirements, if hired. All of these statements represent critical requirements of the job.

YES NO Have you tested for this position within the last five (5) years.
If so, approximate date: _____

ACCEPTANCE OF JOB CONDITIONS

I certify that I am willing and able to:

- | | | |
|-----|----|--|
| YES | NO | 1. Work routine uneventful assignments such as long distance driving or traffic control functions. |
| YES | NO | 2. Work under difficult conditions such as: inclement weather, fumes, gases, heat, dampness, dust, odors, smoke, noise and crowds. |
| YES | NO | 3. Work in stressful situations such as around incarcerated persons or around persons who are under physical and emotional distress. |
| YES | NO | 4. Perform routine, repetitive work to completion. |
| YES | NO | 5. Work any assignment required, including irregular hours, overtime, weekends, holidays, nights, on-call, 24 hour shifts, etc. |
| YES | NO | 6. Attend department training sessions. |
| YES | NO | 7. Travel locally and out of state, when necessary. |
| YES | NO | 8. Obtain CPR and First Aid certifications. |

LAW ENFORCEMENT

- | | | |
|-----|----|--|
| YES | NO | 9. I certify that I am willing and able to enforce all laws regardless of personal feelings. |
|-----|----|--|

(over)

PHYSICAL CAPABILITIES

YES	NO	10. I understand that physical capabilities are important for successful performance as a police support officer. <i>I certify that I am physically able to meet and maintain the department's physical fitness guidelines (see attached guidelines).</i>
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STRENGTH

YES	NO	11. I certify that I have sufficient strength to perform strenuous job tasks, such as applying sufficient force to an individual to restrain or subdue the individual.
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SELECTION PROCESS

I certify that I am willing to submit to the following tests:

YES	NO	12. Physical Fitness Test
YES	NO	13. Polygraph
YES	NO	14. Psychological Test
YES	NO	15. Medical Exams
YES	NO	16. Drug Screening Test
YES	NO	17. I have not had more than two driving infractions in the last three years; a reckless driving or DUI within the preceding five years; or more than one motor vehicle accident within the last three years where enforcement action was taken.

Signature

Date

PHYSICAL ABILITY TEST

Applicants for the position of police officer/police support officer must successfully complete the following Physical Fitness Ability Test (PFAT). This is the same test that is required for entrance into the Washington State Criminal Justice Training Commission Basic Law Enforcement Academy.

A maximum of 200 points is possible. **A minimum of 30 points is required for each individual test. You must successfully complete each event. A minimum of 160 total points is required to pass the Fitness Ability Test.**

The PFAT will be typically administered in the following order:

1. 300 Meter Run
2. Push-Ups
3. Sit-Ups
4. 1.5 Mile Run/Walk

300 METER RUN

The 300-meter run measures your anaerobic power. You must complete the run without any help. Your goal is to run the distance as quickly as possible. You must run to and through the finish line.

Time in sec.	1.33 pt/sec	Time in sec.	1.33 pt/sec
56.0	50.00	63.5	40.03
56.5	49.30	64.0	39.36
57.0	48.67	64.5	38.69
57.5	48.00	65.0	38.03
58.0	47.34	65.5	37.37
58.5	46.68	66.0	36.70
59.0	46.01	66.5	36.04
59.5	45.35	67.0	35.37
60.0	44.68	67.5	34.70
60.5	44.02	68.0	34.04
61.0	43.35	68.5	33.38
61.5	42.69	69.0	32.70
62.0	42.02	69.5	32.04
62.5	41.35	70.0	31.38
63.0	40.69	70.5	30.68
		71.0	30.02

MAXIMUM PUSH-UP TEST

This push-up test measures the muscular strength and endurance of the upper body. Place your hands on the ground so they are in a vertical line with your shoulders (approximately 1 - 1.5 shoulder widths apart). Your feet may be together, or up to 12 inches apart. Your body should be in a straight line from the shoulders to the ankles, and must remain that way throughout the exercise. Lower your body by bending your elbows until your upper arms are parallel to the ground and you touch and slightly compress the 4-inch foam block held under your chest. Your examiner will tell you when you have gone low enough. Return to the starting position by completely straightening your arms. You may only rest in the up position. If you fail to: keep your body in a straight line; touch your chest to the foam block; or lock your arms in the up position, you will receive a warning. After one warning, incorrect repetitions will not count. **There is no time limit.** Do as many correct push-ups as possible. Your score is the number of correct repetitions.

# of reps	1.43 pt./rep
35	50
34	48.62
33	47.19
32	45.76
31	44.33
30	42.90
29	41.47
28	40.04
27	38.61
26	37.18
25	35.75
24	34.32
23	32.89
22	31.46
21	30

ONE MINUTE SIT-UP TEST

The one-minute sit-up test measures muscular strength and endurance of the abdominal muscles. Lie on your back with your knees bent at 90 degrees or tighter with your heels on the edge of the mat. Your feet may be together or apart, but the heels must stay in contact with the floor. Your partner will sit on your feet and wrap their arms around your calf muscle area. It is your responsibility to inform your partner of any adjustments that need to be made in order to assure your comfort. Your fingers must stay interlocked behind your head throughout the event. If your little fingers are not touching, that is considered 'apart' and such performance will not be counted. Lift your body by bending at the waist. Touch your elbows to your knees, and return to the starting position. When returning to the starting position, your fingers must touch the examiner's hand on the mat. You may rest only in the up position. Do not arch your back or lift your buttocks from the mat. If you fail to: keep your fingers interlocked, touch your elbows to your knees or your fingers to the examiner's hand, or lift your buttocks off the mat, you will receive one warning. After one warning, incorrect repetitions will not count. **You will have one minute** to do as many sit-ups as possible. Your score is the total number of correct sit-ups.

# of reps	2.375 pt/ rep
38	50
37	47.625
36	45.250
35	42.875
34	40.500
33	38.125
32	35.750
31	33.375
30	30

1.5 MILE RUN / WALK TEST

The 1.5 mile run /walk test measures cardio-respiratory endurance, and endurance of your leg muscles. You must complete the course without any help. Your goal is to finish the 1.5 miles in as fast a time as possible. Try not to start too fast, but at a pace you can sustain for about 10 to 15 minutes. You may walk, but walking will make it difficult to meet the minimum passing score. You may run alongside another runner for help with pacing, but you may not physically assist or be assisted by anyone.

Time	Points	Time	Points
13:35	50	14:03	39.996
13:36	49.635	14:04	39.639
13:37	49.278	14:05	39.282
13:38	48.921	14:06	38.925
13:39	48.564	14:07	38.568
13:40	48.207	14:08	38.211
13:41	47.850	14:09	37.854
13:42	47.493	14:10	37.497
13:43	47.136	14:11	37.140
13:44	46.779	14:12	36.783
13:45	46.422	14:13	36.426
13:46	46.065	14:14	36.069
13:47	45.708	14:15	35.712
13:48	45.351	14:16	35.355
13:49	44.994	14:17	34.998
13:50	44.637	14:18	34.641
13:51	44.280	14:19	34.284
13:52	43.923	14:20	33.927
13:53	43.566	14:21	33.570
13:54	43.209	14:22	33.213
13:55	42.852	14:23	32.856
13:56	42.495	14:24	32.499
13:57	42.138	14:25	32.142
13:58	41.781	14:26	31.785
13:59	41.424	14:27	31.428
14:00	41.067	14:28	31.071
14:01	40.71	14:29	30.714
14:02	40.353	14:30	30.357
		14:31	30

WAIVER AND RELEASE

REDMOND POLICE DEPARTMENT

POLICE SUPPORT OFFICER PHYSICAL AGILITY TEST

I, the undersigned, acknowledge that I have willingly chosen to participate in the Redmond Police Department's physical agility test for Police Support Officer candidates.

I have received advance notification of the tests which will be administered. I have had the opportunity to consult my personal physician and have done so or chosen not to. I understand that the tests are strenuous and hold the potential for serious injury or death.

I hereby release the City of Redmond and its officials, employees, and agents from any liability for injuries or death which may occur as a result of my participation in the police officer physical agility tests.

I sign this waiver and release willingly and of my own volition without coercion of any kind. I understand that by signing this form I give up all rights whatsoever to recover damages from the City for injury or death arising out of the physical agility testing.

Name (Please print)

Signature

Date